REGION 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

06/19/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NYR000086637
INSTALLATION NAME →	TREK INC
INSTALLATION ADDRESS →	11601 MAPLE RIDGE RD 1ST FLOOR MEDINA, NY 14103-9546
MAILING ADDRESS →	11601 MAPLE RIDGE RD 1ST FLOOR MEDINA, NY 14103-9546

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: TREK INC or Current Occupant
ATTN: CAPELL, DOUGLAS - PERSONNEL DIR
11601 MAPLE RIDGE RD 1ST FLOOR
MEDINA, NY 14103-9546

★★ To avoid delays in processing, please complete all sections. Only original signature of the Generator is acceptable.

Please print or type with ELITE

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number (Mark "X" in the appropriate box)

[X] A. First Notification [ ] B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number: NYR000086637

II. Name of Installation (Include company and specific site name): TREK INC

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street: 11601 MAPLE RIDGE ROAD

Street (Continued): FIRST FLOOR

City of Town: MEDINA State: NY Zip Code: 14103-9546

County Code: 073 County Name: ORLEANS

IV. Installation Mailing Address

Street or P.O. Box: 11601 MAPLE RIDGE ROAD

City or Town: MEDINA State: NY Zip Code: 14103-9546

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last): CAPELL (First): DOUGLAS

Job Title: PERSONNEL DIRECTOR Phone Number (Area Code and Number): 716 798 3140

VI. Installation Contact Address

A. Contract Address [X] Location [X] Mailing Other [ ]

B. Street or P.O. Box: 11601 MAPLE RIDGE ROAD

City or Town: MEDINA State: NY Zip Code: 14103-9546

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner: TREK INC.

Street, P.O. Box, or Route Number: 11601 MAPLE RIDGE ROAD

City or Town: MEDINA State: NY Zip Code: 14103-9546

Phone Number (Area Code and Number): 716 798 3140

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

(Date Changed) Month Day Year

From: Jack Hoyt, WMD, EPA, Region 2, 290 Broadway, 22 Fl. New York, NY 10007-1866. Tel: (212) 637 4106

Address that is not right

Please print or type with ELITE type (12 characters per inch, in the unshaded areas only

Form Approved. OMB No. 2050-0028 Expires
CSA No. 0246-

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes; Refer to instructions)*

A. Hazardous Waste Activity

1. Generator (See instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)

TRANSPORTER ONLY

2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [X] 3. Highway
- [X] 4. Water
- [ ] 5. *Other - specify*

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace

5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

IX. Description of Hazardous Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
[X]	[X]	[ ]	[ ]	

B. Listed Hazardous Wastes. *(See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)*

1	2	3	4	5	6
D001	D002	U219	F001	F002	F003
7	**8**	**9**	**10**	**11**	**12**
F005					

C. Other Wastes. *(State or other wastes requiring a handler to have an I.D. number; See instructions.)*

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
ORIGINAL Douglas N. Capell	Douglas N. Capell — Personnel Director	5/04/00

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section III of the booklet for addresses.)*

TREK, INC.
P.O. Box 728, 3932 Salt Works Road, Medina, NY 14103
PHONE: (716) 798-3140
FAX: (716) 798-3106

May 5, 2000

Jack Hoyt
USEPA Region I
290 Broadway
22nd Floor
New York, New York 10007-1866

Dear Mr. Hoyt:

Enclosed, please find an application for the assignment of an EPA Identification Number.

Trek, Inc. recently purchased a manufacturing facility, located at 11601 Maple Ridge Road, Medina, New York, and anticipates moving into this facility in July, 2000.

Please contact me should you have any questions.

Sincerely,
TREK, Inc.

Douglas N. Capell

Douglas N. Capell
Personnel Director

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*****************************************************************************
*                  RCRIS: Notification Add/Update Screen 2                  *
*****************************************************************************
*EPA ID: NYR000084400     Other ID:                    Merge Send: Y        *
*Date Received(MMDDYY):  020900    Source( N/E/S ): N Non-Notifier Flag:    *
*Date Acknowledged (MMDDYYYY):  02140000     Send Acknowledgement:           *
*Name of Installation:  AMERICAN SIGMA                                       *
*                     Installation Location Address                         *
*Streets:  11601 MAPLE RIDGE RD                                              *
*City:     MEDINA                        State:  NY    Zip:  14103         *
*County Code:  073      County Name:  ORLEANS                               *
*  Installation Mailing Address (Type 'SAME' if same as Above)               *
*Streets:  PO BOX 389                                                        *
*City:     LOVELAND                      State:  CO    Zip:  80539         *
*                       Contact Information                                 *
*   Last Name       First Name          Title         Phone  Address(M,L,O)*
* ANGELO            MICHAEL           SHIPPING MGR    7167985580    L      *
*Streets:  11601 MAPLE RIDGE RD                                              *
*City:     MEDINA                        State:  NY    Zip:  14103         *
*Land Type:                                                                  *
*****************************************************************************
* Enter-Continue                F3 - Exit                   F5 - Prev Screen *
*****************************************************************************
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Gen = Transporter

WC = D001, D002, D003, D007, D008

Nathan, This one just recently got a # now the Form, it need additional info, floor or Rm.

Gerri-

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*************************************************************************
*                 RCRIS: Notification Add/Update Screen 3               *
*************************************************************************
* EPA ID:     NYR000084400   Other ID:                Source:  N        *
*                                                                       *
* Owner Sequence Number:     1                                          *
* Ownership:  HACH CO                                Type of Owner:  P  *
*                                                                       *
*                                                                       *
*                       Address of Owner                                *
*                                                                       *
*      Street: 5600 LINDBERGH DR PO BOX 389                             *
*      City:   LOVELAND                  State: CO  Zip Code  80539     *
*      Phone:  9706693050                                               *
*                                                                       *
* Current/Previous Indicator:  CO   Change Date(MMDDYY):                *
*                                                                       *
*                                                                       *
*                                                                       *
*************************************************************************
* Enter-Continue       F3-Exit       F4-Exit Group Process   F5-Curr. Owner *
* F6-Prev. Owner       F8-Help       F9-First                F10-Next       *
*************************************************************************
```